



**THE REPUBLIC OF UGANDA
NON-ALIGNED MOVEMENT SUMMIT, KAMPALA 2024**

FORM C-5

MEDIA ACCREDITATION FORM

(To be attached with a note verbale for Members of Official Press Pools)

COUNTRY/ORGANIZATION _____

TEL NO. _____

FIRST NAME: (MR/MRS/MS) _____

OTHER NAMES _____

NATIONALITY: _____

SEX (M/F): _____

JOB TITLE _____

MEDIA ORGANIZATION: _____

PASSPORT NO: _____

PROFESSIONAL CARD NO: _____

Duties to be performed in Kampala (tick or enter as appropriate):

JOURNALIST	VIDEOGRAPHER	PHOTOGRAPHER	TECHNICIAN	OTHERS PLEASE SPECIFY

CONTACT ADDRESS: _____

TELEPHONES: _____

FAX: _____

EMAIL _____

TIME AND DATE OF ARRIVAL: _____

FLIGHT NO: _____

SIGNATURE OF APPLICANT AND DATE: _____

